

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000140701

1. Entity Name
BILLY JOHNSON FLOOR COVERINGS, INC.



FILED

05 APR 18 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
40950 WEST 6TH AVENUE
UMATILLA, FL 32784

Mailing Address
40950 WEST 6TH AVENUE
UMATILLA, FL 32784

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
56-2415662

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, BILLY
40950 WEST 6TH AVENUE
UMATILLA, FL 32784

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, BILLY ☐ Delete
STREET ADDRESS 40950 WEST 6TH AVENUE
CITY-ST-ZIP UMATILLA, FL 32784

TITLE D/O
NAME MATYSKIELA, JOAN ☐ Delete
STREET ADDRESS 40950 WEST 6TH AVENUE
CITY-ST-ZIP UMATILLA, FL 32784

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director/Officer ☐ Change ☒ Addition
NAME Glenn Johnson II
STREET ADDRESS 180 Boardmen Drive
CITY-ST-ZIP Umatilla FL 32784

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME 100054015821 ☐ Change ☐ Addition
STREET ADDRESS 05/06/05--01069--001 **61.25
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-4-05

352-669-3020

Date

Daytime Phone #